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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br>(Only for new nonprovisional applications under 37 CFR 1.53(b))  |  | Attorney Docket No. <b>13549US02</b><br><br>First Inventor <b>Chan</b><br><br>Title <b>ADAPTIVELY CONFIGURABLE<br/>CLASS-A/CLASS-B TRANSMIT DAC<br/>FOR TRANSCEIVER EMISSION AND<br/>POWER CONSUMPTION CONTROL</b><br><br>Express Mail Label No. <b>EL 848970350 US</b>   |
| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents.   |  | <b>ADDRESS TO:</b><br>Mail Stop Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450  |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original and a duplicate for fee processing)<br><br>2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.<br><br>3. <input checked="" type="checkbox"/> Specification [Total Pages <b>59</b> ]<br>(preferred arrangement set forth below)<br>-Descriptive title of the invention<br>-Cross Reference to Related Applications<br>-Statement Regarding Fed sponsored R&D<br>-Reference to sequence listing, a table, or a computer<br>program listing appendix<br>-Background of the Invention<br>-Brief Description of the Drawings (if filed)<br>-Detailed Description<br>-Claim(s)<br>-Abstract of the Disclosure<br><br>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>26</b> ]<br><br>5. Oath or Declaration [Total Sheets <b>2</b> ]<br>a. <input type="checkbox"/> Newly executed (original or copy)<br><br>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br>(for continuation/divisional with Box 18 completed)<br><br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s)<br>named in the prior application, see 37 CFR<br>1.63(d)(2) and 1.33(b).<br><br>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 |  | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program (Appendix)<br><br>8. Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary)<br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br><br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br>ii. <input type="checkbox"/> Paper<br><br>c. <input type="checkbox"/> Statements verifying identity of above copies<br><b>ACCOMPANYING APPLICATION PARTS</b><br>9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s))<br>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of<br>(when there is an assignee) Attorney<br>11. <input type="checkbox"/> English Translation Document (if applicable)<br>12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS<br>Statement (IDS)/PTO-1449 Citations<br>13. <input checked="" type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)<br>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)<br>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)<br>(2)(B)(i). Applicant must attach form PTO/SB/35 or<br>its equivalent.<br>17. <input type="checkbox"/> Other: _____ |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of<br>the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:<br><input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 10/091,099<br><br>Prior application information: Examiner: <u>T. Bocure</u> Art Unit: <u>2631</u><br>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box<br>5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The<br>incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.   |  |   |
| <b>19. CORRESPONDENCE ADDRESS</b>   |  |   |
| <input checked="" type="checkbox"/> Customer Number: <b>23446</b> OR <input type="checkbox"/> Correspondence address below  |  |   |
| Name _____<br>Address _____<br>City _____ State _____ Zip Code _____<br>Country _____ Telephone _____ Fax _____   |  |   |
| Name (Print/type) <b>John A. Wiberg</b>   |  | Registration No. (Attorney/Agent) <b>44,401</b>   |
| Signature <i>John A. Wiberg</i>   |  | Date <b>November 19, 2003</b>   |

26386 U.S. PTG 10/7/17127



PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032  
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|--|--|--------------------------|------------|
| <h1>FEE TRANSMITTAL</h1> <h2>for FY 2004</h2> <p>Patent Fees are subject to annual revision.</p> |  | <b>Complete if Known</b> |            |
|  |  | Application Number       | unassigned |
|  |  | Filing Date              | herewith   |
|  |  | First Named Inventor     | Chan       |
|  |  | Examiner Name            | T. Bocure  |
| TOTAL AMOUNT OF PAYMENT (\$770.00)   |  | Group Art Unit           | 2631       |
|  |  | Attorney Docket No.      | 13549US02  |

| <b>METHOD OF PAYMENT</b>   |                       | <b>FEE CALCULATION (continued)</b>  |                       |  |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
|--|-----------------------|---|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------|----------|------|-----|------|-----|-------------------------------------|--------|------|-----|------|-----|--|--|------|-----|------|-----|---------------------------|--|------|-------|------|-------|--|--|------|------|------|------|--|--|--------------|--------|------|--------|---|------------|--------------|--------------|----------------|----------|--|-----|---------|------|------------------------------|-----|---|------|--------------------|-----|------|------|--|-----------------------|-----------------------|-----------------------|-----------------|----------|---|----|------|-------|------------------------|-------|--|----|------|-----|-----------------------------------|-----|------------------|-----|------|-----|---------------------------------------|-----|--|----|------|-----|---|-----|--------------------------|----|------|-------|---|------|---|--|------|-----|------|----------|--|--|----------|----------|-----------------|----------|------------------------------------|--|------|-------|----------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|--|--|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------|----------|------|-----|------|-----|--------------------|--------|------|-----|------|-----|-------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--------------------|--|------|-----|------|----|------------------------|--|--------------|--|--|--|--|------------|--------------|--------------|----------------|----------|------------|-----|---------|------|------------------------------|-----|---------|------|--------------------|--|--|------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------|----------|------|----|------|---|------------------------|--|------|----|------|----|-----------------------------------|--|------|-----|------|-----|---------------------------------------|--|------|----|------|----|---|--|------|----|------|---|---|--|--------------|--|--|--|--|----------|--|--|----------|----------|-----------------|----------|--------------|--|--|--|----------|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: 13-0017</p> <p>Deposit Account Name: McAndrews Held &amp; Malloy</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>  |                       | <p>3. <b>ADDITIONAL FEES</b></p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - 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late filing fee or oath |        | 1052 | 50  | 2052 | 25  | Surcharge - late provisional filing fee or cover sheet |  | 1053 | 130 | 1053 | 130 | Non-English specification |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805         | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |            | 1251         | 110          | 2251           | 55       | Extension for reply within first month |     | 1252    | 420  | 2252                         | 210 | Extension for reply within second month |      | 1253               | 950 | 2253 | 475  | Extension for reply within third month |                       | 1254                  | 1,480                 | 2254            | 740      | Extension for reply within fourth month |    | 1255 | 2,010 | 2255                   | 1,005 | Extension for reply within fifth month |    | 1401 | 330 | 2401                              | 165 | Notice of Appeal |     | 1402 | 330 | 2402                                  | 165 | Filing a brief in support of an appeal |    | 1403 | 290 | 2403  | 145 | Request for oral hearing |    | 1451 | 1,510 | 1451  | 1510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55       | Petition to revive - unavoidable   |  | 1453     | 1,330    | 2453            | 665      | Petition to revive - unintentional |  | 1501 | 1,330 | 2501     | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  | <p>1. <b>BASIC FILING FEE</b></p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing Fee</td> <td>770.00</td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing Fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5">SUBTOTAL (1)</td> <td>(\$770.00)</td> </tr> </tbody> </table> <p>2. <b>EXTRA CLAIM FEES</b></p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>8 - 20** =</td> <td>8 x</td> <td>18.00 =</td> <td>0.00</td> </tr> <tr> <td>Independent Claims 1 - 3** =</td> <td>1 x</td> <td>84.00 =</td> <td>0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>0.00</td> </tr> </tbody> </table> <p>3. <b>ADDITIONAL CLAIM FEES</b></p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5">SUBTOTAL (2)</td> <td>(\$0.00)</td> </tr> </tbody> </table> |  |  |  | Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid | 1001 | 770 | 2001 | 385 | Utility filing Fee | 770.00 | 1002 | 340 | 2002 | 170 | Design filing Fee |  | 1003 | 530 | 2003 | 265 | Plant filing fee |  | 1004 | 770 | 2004 | 385 | Reissue filing fee |  | 1005 | 160 | 2005 | 80 | Provisional filing fee |  | SUBTOTAL (1) |  |  |  |  | (\$770.00) | Total Claims | Extra Claims | Fee from below | Fee Paid | 8 - 20** = | 8 x | 18.00 = | 0.00 | Independent Claims 1 - 3** = | 1 x | 84.00 = | 0.00 | Multiple Dependent |  |  | 0.00 | Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid | 1202 | 18 | 2202 | 9 | Claims in excess of 20 |  | 1201 | 86 | 2201 | 43 | Independent claims in excess of 3 |  | 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid |  | 1204 | 86 | 2204 | 43 | **Reissue independent claims over original patent |  | 1205 | 18 | 2205 | 9 | **Reissue claims in excess of 20 and over original patent |  | SUBTOTAL (2) |  |  |  |  | (\$0.00) | <p>4. <b>OTHER FEES</b></p> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td colspan="4">SUBTOTAL (3)</td> <td>(\$0.00)</td> </tr> </tbody> </table> |  | Fee Code | Fee (\$) | Fee Description | Fee Paid | SUBTOTAL (3) |  |  |  | (\$0.00) |
| Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code   | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1051   | 130                   | 2051  | 65                    | Surcharge - late filing fee or oath  |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1052   | 50                    | 2052  | 25                    | Surcharge - late provisional filing fee or cover sheet                     |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1053   | 130                   | 1053  | 130                   | Non-English specification  |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1812   | 2,520                 | 1812  | 2,520                 | For filing a request for <i>ex parte</i> reexamination                     |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1804   | 920*                  | 1804  | 920*                  | Requesting publication of SIR prior to Examiner action                     |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1805   | 1,840*                | 1805  | 1,840*                | Requesting publication of SIR after Examiner action                        |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1251   | 110                   | 2251  | 55                    | Extension for reply within first month                                     |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1252   | 420                   | 2252  | 210                   | Extension for reply within second month                                    |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1253   | 950                   | 2253  | 475                   | Extension for reply within third month                                     |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1254   | 1,480                 | 2254  | 740                   | Extension for reply within fourth month                                    |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1255   | 2,010                 | 2255  | 1,005                 | Extension for reply within fifth month                                     |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1401   | 330                   | 2401  | 165                   | Notice of Appeal   |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1402   | 330                   | 2402  | 165                   | Filing a brief in support of an appeal                                     |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1403   | 290                   | 2403  | 145                   | Request for oral hearing   |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1451   | 1,510                 | 1451  | 1510                  | Petition to institute a public use proceeding                              |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1452   | 110                   | 2452  | 55                    | Petition to revive - unavoidable   |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1453   | 1,330                 | 2453  | 665                   | Petition to revive - unintentional   |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1501   | 1,330                 | 2501  | 665                   | Utility issue fee (or reissue)   |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1502   | 480                   | 2502  | 240                   | Design issue fee   |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1503   | 640                   | 2503  | 320                   | Plant issue fee  |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1460   | 130                   | 1460  | 130                   | Petitions to the Commissioner  |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1807   | 50                    | 1807  | 50                    | Processing fee under 37 CFR 1.17(q)  |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1806   | 180                   | 1806  | 180                   | Submission of Information Disclosure Stmt                                  |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 8021   | 40                    | 8021  | 40                    | Recording each patent assignment per property (times number of properties) |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1809   | 770                   | 2809  | 385                   | Filing a submission after final rejection (37 CFR § 1.129(a))              |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1810   | 770                   | 2810  | 385                   | For each additional invention to be examined (37 CFR 1.129(b))             |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1801   | 770                   | 2801  | 385                   | Request for Continued Examination (RCE)                                    |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1802   | 900                   | 1802  | 900                   | Request for expedited examination of a design application                  |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| Other fee (specify) _____  |                       |   |                       |  |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| <p>1. <b>BASIC FILING FEE</b></p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing Fee</td> <td>770.00</td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing Fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5">SUBTOTAL (1)</td> <td>(\$770.00)</td> </tr> </tbody> </table> <p>2. <b>EXTRA CLAIM FEES</b></p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>8 - 20** =</td> <td>8 x</td> <td>18.00 =</td> <td>0.00</td> </tr> <tr> <td>Independent Claims 1 - 3** =</td> <td>1 x</td> <td>84.00 =</td> <td>0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>0.00</td> </tr> </tbody> </table> <p>3. <b>ADDITIONAL CLAIM FEES</b></p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5">SUBTOTAL (2)</td> <td>(\$0.00)</td> </tr> </tbody> </table> |                       |   |                       | Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid | 1001 | 770 | 2001 | 385 | Utility filing Fee                  | 770.00 | 1002 | 340 | 2002 | 170 | Design filing Fee                                      |  | 1003 | 530 | 2003 | 265 | Plant filing fee          |  | 1004 | 770   | 2004 | 385   | Reissue filing fee                                     |  | 1005 | 160  | 2005 | 80   | Provisional filing fee                                 |  | SUBTOTAL (1) |        |      |        |   | (\$770.00) | Total Claims | Extra Claims | Fee from below | Fee Paid | 8 - 20** =                             | 8 x | 18.00 = | 0.00 | Independent Claims 1 - 3** = | 1 x | 84.00 =                                 | 0.00 | Multiple Dependent |     |      | 0.00 | Large Entity Fee Code                  | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid | 1202                                    | 18 | 2202 | 9     | Claims in excess of 20 |       | 1201                                   | 86 | 2201 | 43  | Independent claims in excess of 3 |     | 1203             | 290 | 2203 | 145 | Multiple dependent claim, if not paid |     | 1204                                   | 86 | 2204 | 43  | **Reissue independent claims over original patent |     | 1205                     | 18 | 2205 | 9     | **Reissue claims in excess of 20 and over original patent |      | SUBTOTAL (2)                                  |  |      |     |      | (\$0.00) | <p>4. <b>OTHER FEES</b></p> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td colspan="4">SUBTOTAL (3)</td> <td>(\$0.00)</td> </tr> </tbody> </table> |  | Fee Code | Fee (\$) | Fee Description | Fee Paid | SUBTOTAL (3)                       |  |      |       | (\$0.00) |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code   | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1001   | 770                   | 2001  | 385                   | Utility filing Fee   | 770.00                |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1002   | 340                   | 2002  | 170                   | Design filing Fee  |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1003   | 530                   | 2003  | 265                   | Plant filing fee   |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1004   | 770                   | 2004  | 385                   | Reissue filing fee   |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1005   | 160                   | 2005  | 80                    | Provisional filing fee   |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| SUBTOTAL (1)   |                       |   |                       |  | (\$770.00)            |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| Total Claims   | Extra Claims          | Fee from below  | Fee Paid              |  |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 8 - 20** =   | 8 x                   | 18.00 =   | 0.00                  |  |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| Independent Claims 1 - 3** =   | 1 x                   | 84.00 =   | 0.00                  |  |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| Multiple Dependent   |                       |   | 0.00                  |  |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| Large Entity Fee Code  | Large Entity Fee (\$) | Small Entity Fee Code   | Small Entity Fee (\$) | Fee Description  | Fee Paid              |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1202   | 18                    | 2202  | 9                     | Claims in excess of 20   |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1201   | 86                    | 2201  | 43                    | Independent claims in excess of 3  |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1203   | 290                   | 2203  | 145                   | Multiple dependent claim, if not paid                                      |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1204   | 86                    | 2204  | 43                    | **Reissue independent claims over original patent                          |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| 1205   | 18                    | 2205  | 9                     | **Reissue claims in excess of 20 and over original patent                  |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| SUBTOTAL (2)   |                       |   |                       |  | (\$0.00)              |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| Fee Code   | Fee (\$)              | Fee Description   | Fee Paid              |  |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |
| SUBTOTAL (3)   |                       |   |                       | (\$0.00)   |                       |                       |                       |                 |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |              |        |      |        |   |            |              |              |                |          |  |     |         |      |                              |     |   |      |                    |     |      |      |  |                       |                       |                       |                 |          |   |    |      |       |                        |       |  |    |      |     |                                   |     |                  |     |      |     |                                       |     |  |    |      |     |   |     |                          |    |      |       |   |      |   |  |      |     |      |          |  |  |          |          |                 |          |                                    |  |      |       |          |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |                       |                       |                       |                       |                 |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |              |  |  |  |  |            |              |              |                |          |            |     |         |      |                              |     |         |      |                    |  |  |      |                       |                       |                       |                       |                 |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |   |  |      |    |      |   |   |  |              |  |  |  |  |          |  |  |          |          |                 |          |              |  |  |  |          |

|                     |                |                                      |                   |
|---------------------|----------------|--------------------------------------|-------------------|
| <b>SUBMITTED BY</b> |                | <b>Complete (if applicable)</b>      |                   |
| Name (Print/Type)   | John A. Wiberg | Registration No. (Attorney or Agent) | 44,401            |
| Signature           |                | Telephone                            | 312 775 8000      |
|                     |                | Date                                 | November 19, 2003 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.